

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|--|---|---|--|----------------------|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) | | 2 Total pages filed: | |
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE FIRST RALPH MI | | OFFICE USE ONLY | | |
| | NICKNAME LAST McCLOUD JR SUFFIX | | Date Received | | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2412 ANN GLEN FORT WORTH, TX 76119 | | Date Hand-delivered or Date Postmarked | | |
| 5 CAMPAIGN TREASURER NAME | TITLE FIRST CHRISTINA MI | | Receipt # Amount | | |
| | NICKNAME LAST McCLOUD SUFFIX | | Date Processed Date Imaged | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2412 ANN GLEN FORT WORTH TX - 76119 | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | (817) | 535 2880 | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | |
| 9 PERIOD COVERED | Month Day Year THROUGH Month Day Year 07 / 15 / 02 03 / 02 / 03 | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year 05 / 03 / 03 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 11 OFFICE | OFFICE HELD (if any) COUNCIL MEMBER | | 12 OFFICE SOUGHT (if known) COUNCILMEMBER | | |
| 13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** | | | | |
| | Name | | | | |
| | Address / PO Box; Apt. / Suite #; City; State; Zip Code | | | | |

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

Revised 05/11/2000

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

McCLOUD, RALPH

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/03

5 Full name of contributor

MILTON PACE

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

5533 CHIMNEY ROCK
FORT WORTH, TX 76112

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/29/03

Full name of contributor

DOYLE WILLIS

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3316 BROWNING
FORT WORTH, TX 76111

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

L. CLIFFORD DAVIS

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2161 FLEMMING
FORT WORTH, TX

Principal occupation (Optional)

Employer (Optional)

Date

3/29/03

Full name of contributor

MR. JOE THOMPSON

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4809 BROCKTON CT
FORT WORTH, TX 76132

Principal occupation (Optional)

Employer (Optional)

Date

3/30/03

Full name of contributor

JIM BRADSHAW

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 100338
FORT WORTH, TX

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

McCLOUD, RALPH

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/24/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

PSEL

7 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

201 MAIN STE 2500
FW 76102

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/25/03

Full name of contributor

☐ out-of-state PAC (ID#)

GOOD GOVT FUND

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

801 CHERRY #9
FORT WORTH, TX

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

ANN MARION

Amount of
contribution (\$)

1000.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

| | | | |
|---------------|--|--------------------------------|--|
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor address; City; State; Zip Code | | |

| | |
|---|-------------------------------|
| 10 Principal occupation (optional) | 11 Employer (optional) |
|---|-------------------------------|

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

| | |
|---------------------------------|---------------------|
| Principal occupation (optional) | Employer (optional) |
|---------------------------------|---------------------|

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

| | |
|---------------------------------|---------------------|
| Principal occupation (optional) | Employer (optional) |
|---------------------------------|---------------------|

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

| | |
|---------------------------------|---------------------|
| Principal occupation (optional) | Employer (optional) |
|---------------------------------|---------------------|

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

| | |
|---------------------------------|---------------------|
| Principal occupation (optional) | Employer (optional) |
|---------------------------------|---------------------|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

| | | |
|--|--|--|
| 4 Date 04/02/03 | 5 Payee name FW BLACK NEWS | 8 Amount (\$) 140.00 |
| | 6 Payee address; City; State; Zip Code | |
| 7 Purpose of expenditure (See instructions regarding type of information required.) advertising | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure (See instructions regarding type of information required.) | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure (See instructions regarding type of information required.) | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure (See instructions regarding type of information required.) | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure (See instructions regarding type of information required.) | | <input type="checkbox"/> Reimbursement from political contributions intended |

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Business name**7** Amount
(\$)**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**